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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-975)						SERIAL NO.	FILING DATE	
						APPLICANT(S)		
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1					
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TOTAL IND.			4					
TOTAL DEP.			3					
TOTAL CLAIMS			7					
* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS								
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